

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/831415	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2		1	1	
3	2			1
4	2		1	
5	1			
6	1		1	
7	0			
8	0		1	
9	1	1		
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TOTAL IND.		0		
TOTAL DEP.		0		
TOTAL CLAIMS		0		

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